DEPA	R TMEN T		PLIC	HEALTH AND WELFARE	22947
DO NOT WRITE	AMEN	DEĐ	∎ R	egistration District No	NUMBER
ON THIS STUB			1=	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution in the deceased lived).	on: Residence hefore
vs 300 l	ا اما	1 1	•	CTARE L COUNTY	n admission)
Rev. 4/59	AMENDED		<b>I</b> —	b. CITY (If outside corporate limits, give TOWNSHIP only)  Length of stay in 1b   c. CITY	Inside Limits
į	<u> </u>			_OR	Yes No 🗆
1	₹	11	ľ –	c. FULL NAME OF (If NOT in hospital, give location)  1 Weeks  1 Own Long Beach  1 STREET  (If outside, give location)	Reside on Farm
24040	DATE	11	ł	HOSPITAL OR ADDRESS	Yes 🗆 No 👺
280402	۵		1=	ROBCET OF TOOPTOET A TOOPTOET	<u></u>
3			3	NAME OF DECEASED First Middle Last 4. DATE Month D. (Type or print)  Ten Marcet 1 Count on DEATH Type	ay Year
4 .			<u> </u>		<u> 1962                                    </u>
			5	5. SEX 6. COLOR OR RACE 7. Married Never Married B. DATE OF BIRTH 9. AGE (last birthday) IF UNDER 1 1	YEAR IF UNDER 24 HR
5 O	111		_	Female   White   ***********************************	<u> </u>
	,		10	Da. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN during most of working life, even if retired)	OF WHAT COUNTRY
		11	f _	Retired Harrison County, Mo. U.	S. A
7 0			13	a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR V	VIFE
8	2		<u> </u>	William H. Courter Mary F. Idding None	
7 7	}			(es, no, or unknown) [ (If yes, give war or dates of services)	
9/7/X	ا ا اِ		I	No       Mr. Norval Courter-Coffey, Mis	<u>souri</u>
10	ξ			18. CAUSE OF DEATH (Enter only one cause per line to part I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
11	길느			IMMEDIATE CAUSE (a) Bronchopneumonia	48 hours
1 1	ו וסוי	DOCUMENT			
1264-0	1 - 1			Conditions, if any, DUE TO (b) Carcinoma Of Cervix	6 months
	2 S			which gave rise to above cause (a), stating the under-	
13	- <del>                                    </del>	+1		lying cause last. DUE TO (c)	
	5		ş	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a provides the provided statement of the provided	ed was female was egnancy in last 90 days.
ال ا	2	_	Ž		□ No □ Unknown
13	<u> </u>	'	풀	19. WAS AUTOPSY   20e. ACCIDENT SUICIDE HOMICIDE   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PAI	
l i			CERTIFICATION	PERFORMED?	cr ii or iiem to.,
NO	ااا	11	¥	20c. TIME OF Hour Month, Day, Year	<del></del>
	[   ]		MEDICAL	INJURY a.m.	
BLACK INK OR RITER RIBBON			*	20d. INIURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY	STATE
_ <del>_</del> _ =			1 1	WHILE AT WORK ☐ farm, factory, street, office bldg., etc.)  NOT WHILE AT WORK ☐	
AC OR TER	9	1	ŀ		2
20 E	READ	1		21. I attended the deceased from	
				Death occurred at 4:45 Be m on the date stated above, and to the best of my knowledge, from t	he causes stated.
USE	SHOULD	비능		22a. SIGNATURE, W. A. Leo (Degree or title) 22b. ADDRESS	22c. DATE SIGNED
<u> </u>	동		<b>j</b>	M. D. Kansas City, (Jackson) Mo.	6-19-1962
·	- - -	┿┪	23	B. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county)	(State)
	o N	AFFIDA	1	Removal 6-19-1962 Coffey Cemetery Coffey, Missour	i
	Ę	1 1-		FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE	0
		≿	b.v	W. Newcomer's Sons-North Kansas City, Mo. 6-19-62 Kuth No	Tons
,	• • •			(Licensed Embalmer's Statement on Reverse Side)	

•

3961 3 3NH

## STATEMENT BY LICENSED EMBALMER

оу	, Student Embalmer No
king under my personal supervision.	
ent	Signed Marvin D. Preston
Signature of Student Embalmer	
	Licensed Embalmer No. 5040
	P. O. Address No. K.C., W

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.